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Research Article

Evaluation of patient satisfaction in Ankara traıning and research hospital family medicine polyclinics

Ankara Eğitim ve Araştırma Hastanesi aile hekimliği polikliniklerinde hasta memnuniyetinin değerlendirilmesi

Merve Kalender Kara, Ismail Arslan, Mehmet Onat Cakit*, Mustafa Celik

University of Health Sciences Ankara Training and Research Hospital, Department of Family Medicine, Ankara, Turkey.

Abstract

Aim: By determining the patient satisfaction levels and revealing the affecting factors, it can be provided to provide more qualified health services. In this study, it was aimed to determine patient satisfaction in our family medicine outpatient clinics.

Material and Methods: 270 volunteer adult patients over the age of 18 were included in the study. A questionnaire questioning the sociodemographic characteristics and habitual status of the patients and the Outpatient Satisfaction Scale were administered to the participants during the face-to-face interview.

Results: 78 (28.88%) of the participants were male, 192 (71.11%) were female, and the mean age was 41.72±15.0 years. It was observed that 94.07% of the participants wanted to come back to the family medicine outpatient clinic, and 95.92% recommended it. The mean scale score of all participants was found to be 111.25±27.67. There was no statistically significant difference between the participants' total and sub-dimension scores of scale and age, gender, and marital status (p>0.05). The "General satisfaction" scores of the participants whose education level was elementary school were found to be higher (p=0.044). Scale total scores of the participants whose occupational status was unemployed were found to be higher (p=0.035).

Conclusion: It has been observed that patient satisfaction is affected by sociodemographic characteristics such as education level and occupational group. We think that the factors positively affecting patient satisfaction are a correct patient-physician relationship and good communication skills.

Keywords: Patient satisfaction; Family Practice; outpatient clinic

Corresponding Author*: Mehmet Onat Cakit, University of Health Sciences Ankara Training and Research Hospital, Department of Family Medicine, Ankara, Turkey.
Orcid: 0000-0002-6880-4633
E-mail: onatcakit@gmail.com
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Öz

Amaç: Hasta memnuniyet düzeylerinin belirlenmesi ve etkileyen faktörlerin ortaya konması ile daha nitelikli sağlık hizmet sunulması sağlanabilir. Bu çalışmada, aile hekimliği polikliniklerimizdeki hasta memnuniyetini saptamak amaçlanmıştır.

Gereç ve Yöntemler: 18 yaş üstü 270 gönüllü erişkin hasta çalışmaya dâhil edildi. Hastaların sosyodemografik özelliklerini, alışkanlık durumlarını sorgulayan bir anket ve Ayaktan Hasta Memnuniyet Ölçeği katılımcılara yüz yüze görüşme esnasında uygulandı.

Bulgular: Katılımcıların 78 (%28.88)'u erkek, 192 (%71.11)'i kadın ve yaş ortalaması 41.72±15 yıl idi. Katılımcıların %94.07'inin aile hekimliği polikliniğine tekrar gelmek istediği, %95.92'sinin tavsiye ettiği gözlenmiştir. Tüm katılımcıların ölçek ortalama puanı 111.25±27.67 olarak bulundu. Katılımcıların ölçek toplam ve alt boyut puanları ile yaş, cinsiyet, medeni durum arasında istatistiksel olarak anlamlı bir farklılık saptanmadı (p>0.05). Katılımcıların eğitim durumu lise altı olanların "Genel memnuniyet" puanları daha yüksek bulundu (p=0.044). Katılımcıların mesleki durumu çalışmıyor olanların ölçek toplam puanları daha yüksek bulundu (p=0.035).

Sonuç: Hasta memnuniyetinin eğitim düzeyi, meslek grubu gibi sosyodemografik verilere göre değiştiği görülmüştür. Hasta memnuniyetini olumlu etkileyen faktörlerin doğru bir hasta-hekim ilişkisi ve iyi iletişim becerileri olduğunu düşünmekteyiz.

Anahtar Kelimeler: Hasta memnuniyeti; Aile Hekimliği; poliklinik

Introduction

The first person to be in contact with the patient and provide health care is the family physician. It is the first medical contact point in the health system and acts as an inter-unit coordinator. The family physician takes responsibility in all matters related to health, including the community, family and social life of patients [1].

Family physicians treat people with the society in which they live; they evaluate independently without distinction of age, gender, disease and considers health services holistically. The family physician feels responsible for all aspects of the patient's health and meets all the patient's health-related needs [2].

Patient satisfaction is a basic criterion that shows at what level the patient's wishes are met. It is the level of satisfaction that patients feel between what they expect from the hospital and what they find. It is the evaluation of the health service, provided by the patient. In health services, patient satisfaction is seen as a kind of quality assessment indicator. The increase in the value given to patient satisfaction is attributed to the reflection of customer behaviors that emerged in the 1970s on the health sector and the increase in patients' demands for the quality of health services. As a result of the evaluation of the factors related to patient satisfaction, supporting the factors that increase the satisfaction and eliminating the factors that reduce it contributes positively to the prognosis of the patients and the efficiency of the treatment of the patients is increased. In this way, a patient-centered approach is adopted [3].

With the increase in the level of education in the society, individuals emerge who criticize the service provided. The main concept that reveals the effectiveness, efficiency and quality of the health service is patient satisfaction. Determining what patients are sufficiently satisfied with and what they complain about increases the quality of health care and leads to changes in line with the expectations of the patients [4].

It has been revealed that the satisfaction level of the patients receiving treatment service is affected by factors such as monthly household income, age, education level, marital status, having a child and gender [5]. Situations where patients' expectations cannot be met trigger many problems such as patient dissatisfaction and non-compliance with treatment [6].

The healthcare industry is becoming increasingly competitive. Measuring, evaluating and improving the quality of services provides significant benefits in terms of meeting and exceeding patient expectations. The competition is increasing due to the increase in private health centers, and the ability of health institutions to establish and maintain superiority in such an environment enables a customer-oriented system, based on patient satisfaction to begin to form [7].

In this study, it was aimed to determine the sociodemographic characteristics and clinical factors affecting the satisfaction of the patients who applied to the Ankara Training and Research Hospital Family Medicine outpatient clinics.

Material and Methods

The research is a prospective, observational and analytical type of study. It was carried out between 13.01.2022 and 13.04.2022 in Ankara Training and Research Hospital Family Medicine Outpatient Clinics. The study was approved by the local ethics committee of Ankara Training and Research Hospital (date 12.01.2022- no 21-831). The study was carried out in accordance with the Declaration of Helsinki Principles (www.wma.net/e/policy/b3.htm). All people included in the study signed the informed consent form.

There are approximately 20,000 people aged 18 and over who applied to the Family Medicine Outpatient clinics of our hospital within 3 months. The sample size was calculated as 268 people at the 90% confidence level in the calculation made by taking the population 20,000, the confidence interval 95%, and the margin of error 5%. A total of 270 people were included in our study. Individuals over the age of 18 who applied to Ankara Training and Research Hospital Family Medicine Outpatient clinics for any reason and agreed to participate in the study and signed the informed consent form were included in the study. Those who were illiterate, had communication disabilities, were followed up for a psychiatric illness or dementia were not included in the study. A questionnaire consisting of questions about the patient's socio-demographic characteristics (age, gender, marital status, educational status, etc.), smoking, alcohol use and frequency was applied by the researcher.

In order to evaluate the satisfaction of the patients, the Outpatient Satisfaction Scale (OSS) was applied. OSS consists of 5 sub-dimensions (5-point Likert-type-strongly disagree, disagree, undecided, agree, strongly agree) and a total of 29 questions. Sub-dimensions are appointment (items 1,2,3,4,5), effective examination (items 6,7,8,9,10,11,12,13,14,15,16,17,18), employee attitude (19,20,21 items), waiting time and counseling (22,23,24 items), general satisfaction (25,26,27,28,29 items). As the score of the total and sub-dimensions of the scale increases, patient satisfaction also increases. Scores of the total and sub-dimensions of the scale were “strongly disagree” between 1-1.79 points, “disagree” between 1.80-2.59 points, “undecided” between 2.60-3.39 points, between 3.40-4.19 points "I agree", between 4.20-5 points "I totally agree" is evaluated. The validity and reliability study of the scale was carried out by Kaya and Maımaıt in 2018 [8].

Statistical analysis

SPSS 25.0 package program was used for data analysis in the study. Descriptive data on the sociodemographic information of the participants were shown as frequency (n and %) tables. Continuous variables were given as mean±standard deviation.

When the continuous data of the study were examined in terms of normality assumptions, it was determined that it showed normal distribution both because the number of samples was over 200 and because the Skewness and Kurtosis values were in the ± 3.29 threshold range. Therefore, in order to determine whether there was a significant difference between the total and sub-dimension scores of the outpatient satisfaction scale, the sociodemographic data of the participants, and various variables, the Independent Samples T test, one of the parametric tests, and the One-Way ANOVA test for the variables with 3 or more groups were applied. In case of significant difference between groups, Sidak test, one of the post-hoc tests, was used to determine between which groups the significance was.

Results

78 (28.9%) of the participants were male, 192 (71.1%) were female, and the mean age was 41.72±15 years. The frequency distribution of the participants' sociodemographic data is shown in Table 1.

It was observed that 94.07% of the participants wanted to come back to the family medicine outpatient clinic, and 95.92% recommended it. The answers received in the inquiry about the hospital process and experiences of the participants are shown in Table 2.

It was determined that 108 (40%) of the participants never smoked, 186 (68.88%) did not use alcohol, and 54 (20%) had moderate alcohol consumption.

The mean OSS score of all participants was found to be 111.25±27.67. Statistics related to the results obtained from the scale and sub-dimension scores are given in Table 3.

There was no statistically significant difference between the participants' total and sub-dimension scores of OSS and age, gender, and marital status ($p>0.05$).

The "General satisfaction" scores of the participants whose education level is below high school were found to be higher. According to the results of the sidak post-hoc analysis, a statistically significant difference was found between elementary school and high school ($p=0.044$), and between elementary school and university ($p=0.024$) (Table 4).

Table 1. Sociodemographic Data of Participants (n=270)

		n or Median (min-max)	% or mean±SD
Age (years)		41.0 (18.0-75.0)	41.72±15,47
	18-45	158	58.5
	46-65	93	34.4
	>65	19	7.0
Gender	Male	78	28.9
	Female	192	71.1
Marital status	Married	134	49.6
	Single	109	40.4
	Divorced	27	10.0
Educational Status	Elemantary school	19	7.0
	High school	55	20.4
	University	196	72.6
Occupation	Unemployed	112	41.5
	White Collar	134	49.6
	Blue Collar	24	8.9
Income perception	More income than expense	40	14.8
	Income equals expense	157	58.1
	Income less than expenses	73	27.0
Chronic disease	Yes	101	37.4
	No	169	62.6

Min=Minimum, Max=Maximum, SD=Standart Deviation

Table 2. Participants' Experiences with the Hospital Process

		n (min-max)	% Mean±SD
Mode of transportation to the hospital	Public transport	76	28.13
	Private vehicle	85	31.55
	Other	109	40.47
Number of visits to the Family Medicine Outpatient Clinics		2.0 (1.0-30.0)	3.80±4.15
Would you like to come to the Family Medicine Outpatient Clinic again?	Yes	254	94.07
	No	16	5.93
Would you recommend?	Yes	259	95.92
	No	11	4.18
I usually come to write a prescription	Yes	107	39.61
	No	163	60.49
I usually come for Inspection	Yes	224	82.96
	No	46	17.04
I usually come for tests and examinations	Yes	234	86.75
	No	36	13.35
I usually come for my chronic illness follow-up	Yes	84	31.12
	No	186	68.98
If you have the chance to go to another hospital, would you still prefer to come here?	Yes	225	83.34
	No	45	16.76
Is it easy to reach the center?	Yes	259	95.91
	No	11	4.19
Was the inspection time sufficient?	Yes	249	92.27
	No	21	7.83
I feel safe with the doctor	Yes	265	98.12
	No	5	1.98
I am usually examined within 15 minutes	Yes	234	86.76
	No	36	13.34
I can comfortably ask questions during the examination.	Yes	263	97.46
	No	7	2.64

Min=Minimum, Max=Maximum, SD=Standart deviation

Table 3. Statistics of Scores from the Outpatient Satisfaction Scale (OSS) and Sub-dimensions

	n	Min	Max	Mean	SD
Outpatient Satisfaction Scale (OSS) Total	270	29.00	145.00	111.25	27.67
Appointment	270	5.00	25.00	18.31	5.65
Effective Examination	270	13.00	65.00	51.90	13.42
Employee Attitude	270	3.00	15.00	12.07	3.24
Waiting time and Counseling	270	3.00	15.00	10.82	3.22
General Satisfaction	270	5.00	25.00	18.14	5.35

N=Number, Min=Minimum, Max=Maximum, SD=Standart deviation

Table 4. Comparison of Participants' Scale and Sub-Dimensional Scores in terms of Educational Status

	Groups	n	Mean±SD	F	p	Post-Hoc
Outpatient Satisfaction Scale Total	1)Elementary	19	122.63±19.47	1.877	0.155	-
	2)High school	55	108.65±27.83			
	3)University	196	110.89±28.15			
Appointment	1)Elementary	19	20.26±5.15	1.754	0.175	-
	2)High school	55	17.47±5.73			
	3)University	196	18.36±5.66			
Effective Examination	1)Elementary	19	55.63±9.69	0.902	0.407	-
	2)High school	55	50.85±14.19			
	3)University	196	51.84±13.51			
Employee Attitude	1)Elementary	19	13.26±1.76	1.440	0.239	-
	2)High school	55	11.85±2.95			
	3)University	196	12.02±3.42			
Waiting time and Counseling	1)Elementary	19	12.16±2.14	1.797	0.168	-
	2)High school	55	10.62±3.15			
	3)University	196	10.75±3.32			
General Satisfaction	1)Elementary	19	21.32±3.22	3.661	0.027	1>2 1>3
	2)High school	55	17.85±5.74			
	3)University	196	17.92±5.33			

F=One Way ANOVA, Post-Hoc=Sidak, p<0.05

OSS total scores of the participants whose occupational status was unemployed were found to be higher (p=0.035). "Effective examination" scores, one of the sub-dimensions of OSS, were found to be higher in those with blue-collar occupational status (p=0.040). A statistically significant difference was found between the "General satisfaction" scores, which is one of the sub-dimensions of OSS, and their professional status (p=0.005). The "General satisfaction" scores of those whose occupational status is unemployed were found to be higher than the other occupational subgroups (p=0.005) (Tablo 5).

There was no statistically significant difference between the participants' total and sub-dimension scores of OSS and the presence of chronic disease (p>0.05). There was no statistically significant difference between the participants' total and sub-dimension scores of SME and their re-admission to the outpatient clinic (p>0.05).

There was no statistically significant difference between the participants' OSS total and sub-dimension scores and the response to the question "If you had the chance to go to another hospital, would you still prefer to come here" (p>0.05) (Table 6).

Participants who answered yes to the question "I feel safe with the doctor" had higher "general satisfaction" scores (p=0.045) (Table 7).

Table 5. Comparison of Participants' Scale and Sub-Dimensional Scores in Terms of Occupational Status

	Groups	n	Mean±SD	F	p	Post-Hoc
Outpatient Satisfaction Scale Total	1)Unemployed	112	114.97±24.11	3.391	0.035	-
	2)White collar	134	106.96±30.03			
	3)Blue collar	24	117.96±26.80			
Appointment	1) Unemployed	112	18.46±5.64	0.803	0.449	-
	2)White collar	134	17.98±5.70			
	3)Blue collar	24	19.50±5.50			
Effective Examination	1) Unemployed	112	53.77±11.68	3.252	0.040	-
	2)White collar	134	49.84±14.70			
	3)Blue collar	24	54.75±12.23			
Employee Attitude	1) Unemployed	112	12.41±2.77	2.554	0.080	-
	2)White collar	134	11.64±3.66			
	3)Blue collar	24	12.88±2.56			
Waiting time and Counseling	1) Unemployed	112	11.09±3.05	2.788	0.063	-
	2)White collar	134	10.41±3.35			
	3)Blue collar	24	11.88±3.05			
General Satisfaction	1) Unemployed	112	19.24±4.61	5.441	0.005	1>2
	2)White collar	134	17.08±5.59			
	3)Blue collar	24	18.96±6.22			

F=One Way ANOVA, Post-Hoc=Sidak, p<0.05

Table 6. Comparison of the Scale and Sub-Dimensional Scores of the Participants in terms of the Question "If You Had the Chance to Go to Another Hospital, Would You Still Prefer to Come Here"

	Groups	n	Mean±SD	t	p
Outpatient Satisfaction Scale Total	Yes	225	111.43±27.81	0.228	0.820
	No	45	110.40±27.29		
Appointment	Yes	225	18.44±5.65	0.813	0.417
	No	45	17.69±5.69		
Effective Examination	Yes	225	51.76±13.6	-0.415	0.678
	No	45	52.67±12.61		
Employee Attitude	Yes	225	12.15±3.16	0.864	0.388
	No	45	11.69±3.64		
Waiting time and Counseling	Yes	225	10.88±3.21	0.657	0.512
	No	45	10.53±3.34		
General satisfaction	Yes	225	18.21±5.28	0.442	0.659
	No	45	17.82±5.73		

t=Independent Samples Test, p<0.05

Discussion

In this study, it was observed that patient satisfaction varies according to sociodemographic data such as education level and occupational group. It was observed that patient satisfaction did not change according to other factors such as age, gender, marital status. Generally, the satisfaction of those who felt safe with the doctor was found to be high.

A significant difference was found between the general satisfaction scores of the sub-dimensions of OSS and the educational status. It was observed that as the level of education increased, the level of satisfaction decreased. Similarly, while there is a study showing that the level of education increases as patient satisfaction decreases [9]. There are also studies that could not find a relationship between education level and patient satisfaction [10,11]. The reason why people with a high level of education cannot fully meet their expectations from health services may be that they could not meet the expectations due to the unique methods of health care. The underlying reason why those with low education levels are more satisfied may be the satisfaction of being able to access health services.

Table 7. Comparison of the Scale and Sub-Dimensional Scores of the Participants in terms of the Variable "I Feel Safe With the Doctor"

	Groups	n	Mean±SD	t	p
Outpatient Satisfaction Scale Total	Yes	265	111.59±27.52	1.427	0.155
	No	5	93.80±33.60		
Appointment	Yes	265	18.34±5.67	0.524	0.601
	No	5	17.00±4.85		
Effective Examination	Yes	265	52.06±13.4	1.399	0.163
	No	5	43.6±13.24		
Employee Attitude	Yes	265	12.09±3.22	0.605	0.547
	No	5	11.20±4.92		
Waiting time and Counseling	Yes	265	10.86±3.17	0.932	0.120
	No	5	8.60±5.41		
General satisfaction	Yes	265	18.23±5.27	2.012	0.045
	No	5	13.4±8.05		

t=Independent Samples Test, p<0.05

In this study, the effective examination scores of the blue-collar and unemployed workers were found to be higher than the white-collar group. In the literature, there are studies that found a relationship between the occupational group and patient satisfaction [12,13], and there are also those that could not find a relationship [10,11,14]. This can be explained by the high rate of occupational similarity in the patients participating in this study. In our study, the fact that the unemployed people are more satisfied can be explained by the low level of expectation and the respect and gratitude shown to having a profession.

In our study, no significant difference was found in terms of patient satisfaction between those who answered yes to the question "would you still prefer to come here if you had the chance to go to another hospital" and those who answered no. Most of the patients reported that they preferred to come back to our hospital. However, it has been reported in the literature that patient satisfaction in private hospitals is higher than in public hospitals, and that patients would prefer a private hospital if they had the chance to go to another hospital [15,16]. It is thought that this preference is due to the fact that doctors, nurses and other health personnel can spare more time. The high level of satisfaction in our hospital may be due to the fact that the population around our hospital is not at the socioeconomic level to choose a private hospital.

The "general satisfaction" scores of those who answered "yes" to another question "I feel safe with the doctor" were found to be significantly higher. The high level of trust in doctors and health personnel increases satisfaction. Paying attention to patient privacy, ensuring that they are examined in a safe environment, and informing patients in a good way provide a sense of trust in patients. In our study, 98.12% of people answered "yes" to this question and this shows us that there is an environment of trust in our polyclinics. The study of Öztürk et al. is another study showing that as the environment of trust increases, the level of satisfaction increases [17].

Conclusion

It has been observed that patient satisfaction is affected by sociodemographic characteristics such as education level and occupational group. Generally, the satisfaction of those who felt safe with the doctor was found to be high. We think that the factors affecting patient satisfaction are correct patient-physician relationship and good communication skills.

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Scientific responsibility statement

All authors declared that they have participated in the research sufficiently to share responsibility for its content:

References

1. Aktürk Z, Dağdeviren N (Çeviri Editörleri). Aile Hekimliğinin Kilometre Taşları: Millis ve Willard Raporları. Türkiye Aile Hekimliği Uzmanlık Derneği Yayınları No:15, Anadolu Ofset, İstanbul 2004.
2. Bostan S, Havvatoğlu K. Europep Aile Hekimliği Memnuniyeti Ölçeğine Göre Gümüşhane Aile Hekimliği Memnuniyet Araştırması. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi 2014;3(4):1067-78.

3. Hemadeh R, Hammoud R, Kdouh O, Jaber T, Ammar L. Patient satisfaction with primary healthcare services in Lebanon. Int J Health Plann Manage 2019;34(1):423-35.
4. Gökkaya D, İzgüden D, Erdem R. Şehir Hastanesinde Hasta Memnuniyeti Araştırması: Isparta İli Örneği. Süleyman Demirel Üniversitesi Vizyoner Dergisi 2018;9(20):136-48.
5. Çaylan A, Dağdeviren HN, Öztora S, Turgu S. Birinci basamakta hasta memnuniyeti ve hekim iş doyumu ile ilişkisi. Türkiye Aile Hekimliği Dergisi 2018;22(2):78-91.
6. Perron NJ, Secretan F, Vannotti M, Pecoud A, Favrat B. Patient expectations at a multicultural out-patient clinic in Switzerland. Fam Pract 2003;20:428-33.
7. Aslan Ş, Sezgin M, Haşıloğlu SB. Özel Sağlık Kuruluşlarında Müşteri Memnuniyeti ve Memnuniyeti Oluşturan Unsurların Araştırılması. Muğla Üniversitesi Sosyal Bilimler Enstitüsü Dergisi 2008;(20):24-40.
8. Kaya Ş.D, MAIMAITI N. Ayaktan Hasta Memnuniyeti Ölçeği Geliştirme Çalışması. Hacettepe Sağlık İdaresi Dergisi 2018;21(4):601-623.
9. Erdem M, Öztoprak Y, Ülgen C ve ark. Bir üniversite hastanesinde ayaktan ve yatarak tedavi alan hastaların memnuniyet düzeyi ve ilişkili faktörler. Mustafa Kemal Üniversitesi Tıp Dergisi 2015;6(23):12-20.
10. Kırılmaz H, Öztürk K. Aile hekimliğinde hasta memnuniyetine yönelik bir araştırma. Sağlık Akademisyenleri Dergisi 2018;5(1):60-70.
11. Kızıl C, Akman V, Öztürk S. Aile sağlığı merkezlerinden hizmet alan hastaların hasta memnuniyet düzeylerinin belirlenmesi: Yalova ili örneği. Beykent Üniversitesi Sosyal Bilimler Dergisi 2015;8(2):33-47.
12. Karadağ, Z. (2007), Aile Hekimliği Uygulamasının Müşteri/ Hasta Memnuniyetine Etkisi. Yüksek Lisans Tezi, Gazi Üniversitesi Sosyal Bilimler Enstitüsü, Ankara.
13. Nazlı Ş, Alparslan Ö, Nurhan D, Atilla E, Selim KH. Afyonkarahisar İl Merkezinde Birinci Basamak Sağlık Hizmetlerinde Hasta Memnuniyeti Araştırması. Journal of Clinical and Analytical Medicine 2014;5(1):29-34.
14. Özaras G, Dil S. Çankırı'da Aile Sağlığı Merkezlerine Başvuran Bireylerin Memnuniyet Durumlarını Etkileyen Sosyo-demografik, Çevresel ve Psikososyal Faktörlerin İncelenmesi. Çankırı Karatekin Üniversitesi Sosyal Bilimler Enstitüsü Dergisi 2011;6(2):389-404
15. Taner T, Antony J. Comparing public and private hospital care service quality in Turkey. Int J Health Care Qual Assur Inc Leadersh Health Serv. 2006;19(2-3):i-x.
16. Taşlıyan M, Gök S. Kamu ve özel hastanelerde hasta memnuniyeti: Kahramanmaraş'ta bir alan çalışması. Kahramanmaraş Sütçü İmam Üniversitesi, İİBF Dergisi 2012;2(1):69-94.
17. Öztürk H. Sağlık hizmetlerinde hasta memnuniyetini etkileyen faktörlerin incelenmesi (İzmir Bozyaka Eğitim Ve Araştırma Hastanesi Acil Servis Örneği)(Yüksek Lisans Tezi) Beykent Üniversitesi/ Sosyal Bilimler Enstitüsü İşletme Yönetimi Anabilim Dalı /Hastane Ve Sağlık Kurumları Yönetimi Bilim Dalı. 2016